

State of Minnesota**District Court**

_____ County

Judicial District:	_____
Court File Number:	_____
Case Type:	Adoption – Stepparent

In the Matter of the Petition of:

_____, Petitioner/Parent
 and
 _____, Petitioner/Stepparent

**STEPPARENT ADOPTION
 AFFIDAVIT CHECKLIST
 IF POST-PLACEMENT
 ASSESSMENT WAIVED**

To Adopt:

_____,
 (child's current name)
 _____,
 (child's current name)
 _____,
 (child's current name)

State of Minnesota)
) SS
County of _____)

Petitioners, _____ [parent's name] and _____
 [stepparent's name], being first duly sworn upon oath state as follows:

1. This Stepparent Adoption Affidavit Checklist is being filed in lieu of the Post-Placement Assessment Report, which the Petitioners have requested that the Court waive.
2. Petitioners' full names are _____ [parent's name] and
 _____ [stepparent's name].
3. Petitioners were married on _____ [date of marriage] in the City of
 _____ [city], County of _____ [county], State
 of _____ [state].

No.	Question	Parent Response	Stepparent Response
1.	Is this adoption being contested by the absent birth parent?	Yes No	Yes No
2.	Is the child you are seeking to adopt over 14 years of age? If “yes”, the child must consent to the adoption.	Yes No	Yes No
3.	Are there any minor brothers and/or sisters of the child being adopted who are not included in the adoption request?	Yes No	Yes No
4.	Have you ever been divorced or had a marriage dissolved?	Yes No	Yes No
5.	Do you have any child from any prior marriages or relationships living in the home with you?	Yes No	Yes No
6.	Are you under a court order for payment of child support in Minnesota or any other state?	Yes No	Yes No
7.	Has any action for mental commitment or involuntary hospitalization been taken against you in any state?	Yes No	Yes No
8.	Have you or any member of your family participated in family support services (i.e., family counseling, individual therapy, parenting classes, etc.) either voluntarily or involuntarily?	Yes No	Yes No
9.	Have you been involved in involuntary welfare intervention in the life of your family in the past 5 years?	Yes No	Yes No
10.	Have you ever been the subject of a report for child dependency/neglect, child abuse, sexual abuse or domestic violence in Minnesota or any other state?	Yes No	Yes No
11.	Have you ever been arrested or convicted of a felony or gross misdemeanor (including DWI, sex offense or assault charges)?	Yes No	Yes No
12.	Has involvement with drugs or alcohol brought you into contact with any of the following systems: counseling, treatment, hospitalization, law enforcement or social services?	Yes No	Yes No

13. If any of the above questions are answered “Yes,” Petitioners have attached to this Affidavit a separate sheet of paper, signed by both Petitioners in the presence of a notary public, providing a detailed explanation about such response.

14. Please list where you have lived during the last five years, including street address, city, state, zip code, county, and approximate dates):

Address _____

City _____

State _____

Dates _____

Address _____

City _____

State _____

Dates _____

Address _____

City _____

State _____

Dates _____

Address _____

City _____

State _____

Dates _____

Further affiants sayeth not except that this affidavit is made in good faith in support of their motion for waiver of the requirements of the one year residency requirement.

Dated: _____

Petitioner/Parent *(sign only in front of notary public)*

Dated: _____

Petitioner/Stepparent *(sign only in front of notary public)*

State of Minnesota)
) SS
County of _____)

Petitioner / Parent

(sign only in front of notary public)

Notary Public

State of Minnesota)
) **SS**
County of _____)

Petitioner / Parent

(sign only in front of notary public)

[signature]

Notary Public